

Enrolment Agreement Form

Office Use Only:

Date of Enrolment: ____/____/____ Start Date: ____/____/____ Leave Date: ____/____/____ NSN: _____

◆ Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:

(please separate names with a comma)

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

Child's date of birth: d d / m m / y y y y

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child. We will use and disclose your child's information only in accordance with the Privacy Act 2020. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes • for monitoring purposes • to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing. The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

*A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at National Student Number (NSN) » NZQA

Parents / Guardians:	
1. First names:	2. First names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. First names:	4. First names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Custodial Statement	
Are there any custodial arrangements concerning your child?	
If YES , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
Person/s who <u>cannot</u> pick up your child:	
Name:	Name:
Name:	Name:

Additional Emergency Contacts (also able to pick up child):	
1. First names:	2. First names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health	
Illness/allergies or other special requirements:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted, copy taken, and details recorded	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.

Note: The service must provide specific information about the category (i) preparations that will be used.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

- | | |
|------------------------------|--|
| ▪ Naturo Pharm Arnica | ▪ Insect Bite Treatment (Lifestream Aloe Vera) |
| ▪ Hand sanitiser | ▪ SPF 50+ sunscreen |
| ▪ Saline | ▪ Plasters |
| ▪ Bepanthen Antiseptic Cream | |

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Category (ii) Medicines

Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.

I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Category (iii) Medicines

Category (iii) medicines are prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream, Sudocream, Bepanthen etc) medicine that is:

- used for the ongoing treatment of a pre-diagnosed condition (such as asthma, epilepsy, allergic reaction, diabetes, eczema etc); and
- provided by a parent for the use of that child only.

I acknowledge written authority in the form of an individual health plan, will be required and this will need to be updated whenever there is a change, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given or reviewed every three months.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ **Enrolment Details:**

Date of Enrolment: ___/___/___ Date of Entry: ___/___/___ Date of Exit: ___/___/___

Please Note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:

For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service	Max 6 hrs	Max 6 hrs	Max 6 hrs	Max 6 hrs	Max 6 hrs	Max 20 hrs Total hours:
20 Hours ECE at another service						Total hours:

Parent/Guardian Signature: _____ Date: ___/___/___

◆ **20 Hours ECE Attestation:**

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: _____ Date: ___/___/___

◆ Dual Enrolment Declaration

I hereby declare that my child **is / is not** *Circle One* enrolled at another early childhood institution at the same times that he/she is enrolled at Tiny Smiles Early Learning Centre.

Parent/Guardian Signature: _____ Date: ____/____/____

◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of all school term breaks. Tiny Smiles Early Learning Centre is closed on all Statutory Holidays. If absent for holidays, I agree to give two weeks notice and understand I will be charged a 50% holding fee for up to 3 weeks per annum after 3 months continuous enrolment. This entitlement excludes fees paid by WINZ or already discounted fees.

Parent / Guardian Signature: _____ Date: ____/____/____

Required Information for Licensing Purposes, Terms and Conditions	Initial
<ul style="list-style-type: none"> ▪ Excursions: I give permission for my child to take part in regular excursions. Appropriate ratios will be maintained with consideration to children's ages, abilities and risk assessment. Ratios will not exceed government regulation (Education (Early Childhood Services) Regulations 2008, Schedule 2). There will be at least two adults on each excursion. 	
<ul style="list-style-type: none"> ▪ Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation documentation in the classroom, in portfolios, and for centre newsletters <input type="checkbox"/> I give permission for my child to be photographed for advertising and promotional materials for the Centre <input type="checkbox"/> I give permission for my child to appear in photos / video on Social Media <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Policy Statement: Tiny Smiles Early Learning Centre has several policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service and understand how you can have input to policy review. <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Accounts: If any account balance remains unpaid, then all costs of debt collection (legal, filing and court fees and all debt collection commissions) incurred will be payable by you. In terms of the Privacy Act 1993, you irrevocably authorise Tiny Smiles Early Education Group Ltd. to seek and exchange information with any person, company or agency regarding your credit rating and debt recovery process. <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ ECE Students: I understand observations will be completed by ECE students through the course of their training. These observations will not include the child's name. <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Withdrawing your child: I agree to give two full weeks' written notice before withdrawing my child from the centre. Balance owing must be paid to Tiny Smiles Early Education Group Ltd. no later than your child's last day. Any outstanding fees will be passed onto Debt Recovery and collection fees will be added to your account. <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Doctor/Ambulance: I agree that in the case of accident /injury or illness if it is deemed necessary to be in the best interest of the child, medical care and/or ambulance services may be sought and given to the child, and I agree to meet any cost incurred. ▪ I understand that if possible the centre will attempt to contact parents / guardians or emergency contacts first. <input type="checkbox"/> 	
<ul style="list-style-type: none"> ▪ Fees: I understand that if it is known in advance that my child will be absent I agree to give two weeks notice and understand I will be charged a 50% holding fee for up to 4 weeks per annum. This entitlement excludes fees paid by WINZ or already discounted fees. <input type="checkbox"/> I agree to pay my fees in advance weekly / fortnightly / monthly direct into the Tiny Smiles Early Education Group Ltd. bank account. 	

In accordance with the above clauses where I have indicated through either a tick or a cross to my agreement with each individual clause.

Signed _____ Parent / Caregiver

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Tiny Smiles Early Education Group Ltd. I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ____ / ____ / ____

Marketing

How did you hear about Tiny Smiles Early Learning Centre?

Reason for choosing the centre.

Terms and Conditions – Parents copy to keep

Required Information for Licensing Purposes, Terms and Conditions

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- **Photo/video:**
I give permission for my child to be photographed for the purposes of assessment, planning and evaluation documentation in the classroom, in portfolios, and for centre newsletters
I give permission for my child to be photographed for advertising and promotional materials for the Centre
I give permission for my child to appear in photos / video on Social Media
- **Policy Statement:** Tiny Smiles Early Learning Centre has several policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service and understand how you can have input to policy review.
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- **Doctor/Ambulance:** I agree that in the case of accident /injury or illness if it is deemed necessary to be in the best interest of the child, medical care and/or ambulance services may be sought and given to the child, and I agree to meet any cost incurred.
▪ I understand that if possible the centre will attempt to contact parents / guardians or emergency contacts first.
- **Fees:** I understand that if it is known in advance that my child will be absent I agree to give two weeks notice and understand I will be charged a 50% holding fee for up to 3 weeks per annum. This entitlement excludes fees paid by WINZ or already discounted fees.
▪ I agree to pay my fees in advance **weekly / fortnightly / monthly** direct into the Tiny Smiles Early Education Group Ltd. bank account.

My weekly amount due is: \$ _____

I agree to pay in advance: *(circle one)* Weekly Fortnightly Monthly

Bank Details: 06-0493-0616558-00

Please use the following reference with your payment:

Particulars: Fees Code: (Child's Initial and Surname) Reference: _____